Form 7-1: Semi-Annual Report Form

Sections I-V and IX must be completed by all Grantees for all reporting periods. Sections VI-VIII are only to be completed when the Grantee is carrying out that activity type.

I. General Information

Grantee Name		Grant Number	
		Reporting Period	
Grant Agreement Execution Date		Original Grant End Date	
Modification number (if applicable)		New Grant End Date (if applicable)	

Report Preparer

Name/Title of Preparer	
Community /Company	
Email	
Phone Number	

Provide a status update on the project. Describe any problems or delays encountered or anticipated.

II. Financial Information

Fund Source	Grant Agreement Commitment	Amount Expended to Date
CDBG Funds		
Leverage (Grantee Funds)		
Leverage (Sub-Recipient Funds)		
Other: *Private, Non-Profit, etc.*		

Financial Status Report

IDIS Matrix Code	Expense Item Description	Latest Approved Budget Amount	Disbursement to Date	Unpaid Obligations (End of Period)	Total Expenditures (4 + 5)	Balance Per Item (3 - 6)
Column Totals						

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Financial Drawdowns

CDBG Drawdown #	Drawdown Date	Drawdown Amount	Cumulative CDBG Draws to Date

Fund Balance Summary

1. Total approved grant amount per grant agreement:	
2. LESS: Total CDBG draw downs to date:	
3. LESS: Program Income/Other Receipts applied to project expenses:	
4. Grant Fund Balance - End of Reporting Period:	

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III. Beneficiary Information

Source of Information: _____

NOTE: Area Benefit projects will not report <u>actuals</u> until the FINAL Semi-Annual Report.

	Total Proposed Beneficiaries (all activities)	Total proposed	Hispanic	Total Actual Beneficiaries (all activities)	Total actual	Hispanic
	Number of People			Number of People		
SINGLE RACE	Number of Whites			Number of Whites		
	Percent			Percent		
	Number of Blacks/African Americans			Number of Blacks/African Americans		
	Percent			Percent		
	Number of Asian			Number of Asian		
	Percent			Percent		
	Number of American Indian/Alaskan Native			Number of American Indian/Alaskan Native		
	Percent			Percent		
	Number of Native Hawaiian/Other Pacific Islander			Number of Native Hawaiian/Other Pacific Islander		
	Percent			Percent		
MULTI RACE	American Indian/Alaskan Native & White			American Indian/Alaskan Native & White		
	Percent			Percent		
	Asian & White			Asian & White		
	Percent			Percent		
	Black/African American & White			Black/African American & White		
	Percent			Percent		
	American Indian/Alaskan Native & Black/African American			American Indian/Alaskan Native & Black/African American		
	Percent			Percent		
	Balance/Other Multi-Racial			Balance/Other		
	Percent			Percent		
	Number of Handicapped			Number of Handicapped		
	Percent			Percent		
	Number of Low/Moderate-Income People			Number of Low/Moderate-Income People		
	Percent			Percent		
	Number of Female-headed Households			Number of Female-headed Households		
	Percent			Percent		
	Number of Elderly People			Number of Elderly People		
	Percent			Percent		

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IV. Contract Information

Total Amount of All Contracts Awarded in Reporting Period	
Total Amount of All Contracts Awarded on the Project to Date	
Total Amount of All MBE/WBE Contracts in Reporting Period	
Total Amount of All MBE/WBE Contracts Awarded to Date	

Contractor Name and Address	Trade Code	Racial/ Ethnic Code	Prime Contractor UEI Number	Sub- Contractor ID Number	Female Y/N	Amount of Contract
(List All Contracts Awarded on Project)						

Trade Codes:		**Ethnic Codes:**	
1 - New Construction	6 – Professional	1 – White American	4 – Hispanic American
2 – Substantial Rehab	7 – Tenant Services	2 – Black American	5 – Asian American
3 – Repair	8 – Education/Training	3 – Native American	6 - Other
4 – Service	9 – Arch/Eng/Appraisal		
5 – Project Mgmt.	0 - Other		

V. Fair Housing Activity

	YES	NO
Did you complete any Furthering Fair Housing Activities this period?		
If Yes, describe the activities undertaken below:		

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VI. Economic Development Projects

Job Creation

Participating company	
Goal date for completion of job creation/retention	
Has actual job creation/retention goal been met	

Proposed Goal Job Creation/Retention

	Total number	Low/Moderate	Minority	Female
Jobs created				
Jobs retained				

Actual Job Creation/Retention

	Total number	Low/Moderate	Minority	Female
Jobs created				
Jobs retained				

Certification

I certify under penalties of perjury that the information on this report is true and correct to the best of my knowledge and belief in every respect as to job creation/retention, and that I have not withheld or overstated any of the information presented in this report.	
Typed Name and Title of Business Developer	
Signature of Business Developer	
Date	

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VII. Housing Rehabilitation Projects

Beneficiary Income

	This Period	Cumulative
1. Total number of Extremely Low-Income Persons: (Income does not exceed 30% of area median income)		
2. Total number of Low-Income Persons: (Income exceeds 30% but does not exceed 50% of area median income)		
3. Total number of Moderate-Income Persons: (Income exceeds 50% but does not exceed 80% of area median income)		
4. Total number of Non-Low- and Moderate-Income Households: (Income exceeds 80% of area median income)		

Owner-Occupied Units

	This Period	Cumulative
1. Total Owner-occupied units rehabilitated:		
2. Owner-occupied units occupied by the elderly:		
3. Owner-occupied units that were brought from substandard to standard condition:		
4. Owner-occupied units that were qualified as Energy Star:		
5. Owner-occupied units that were made Section 504 accessible:		
6. Owner-occupied units that were brought into compliance with lead safety rules:		

Rental Units

	This Period	Cumulative
1. Total rental units rehabilitated:		
2. Rental units that are subject to affordability requirements:		
3. Rental units that were made Section 504 accessible:		
4. Rental units that were brought from substandard to standard condition:		
5. Rental units that were qualified as Energy Star:		
6. Rental units that were brought into compliance with lead safety rules:		
7. Rental units that were created by converting non-residential buildings to residential buildings.		

Lead Based Paint

	This Period	Cumulative
1. Total # of Housing units constructed before 1978		
2. Total # of Exempt: Housing units constructed 1978 or later		
3. Total # of Exempt: No paint disturbed		
4. Total # of Otherwise Exempt: Refer below*		
Lead Hazard Remediation Actions		
5. 5) # of Lead Safe Work Practices (24 CFR 35.930b) (hard costs <= $5,000)		
6. 6) # Interim Controls or Standard Practices (24 CFR 35.930c) (hard costs $5,000 – 25,000)		
7. 7) # Abatement (24 CFR 35.930d) (Hard Costs over $25,000)		

* 0 bedroom, elderly/disabled with no children under 6, lead-based paint free, and/or used no more than 100 days in a year

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VIII. Public Services Projects

Number of Persons Served

	This Period	Cumulative
1. Total Number of Applicants:		
2. Total Number of Persons Served:		

Beneficiary Income

	This Period	Cumulative
1. Total number of Extremely Low-Income Persons: (Income does not exceed 30% of area median income)		
2. Total number of Low-Income Persons: (Income exceeds 30% but does not exceed 50% of area median income)		
3. Total number of Moderate-Income Persons: (Income exceeds 50% but does not exceed 80% of area median income)		
4. Total number of Non-Low- and Moderate-Income Households: (Income exceeds 80% of area median income)		

Total Number of Persons:

	This Period	Cumulative
1. With New or Continuing Access to a Service or Benefit:		
2. With Improved Access to a Service or Benefit:		
3. Receiving a Service or Benefit that is no longer Substandard:		

If the Activity is intended to help the homeless:

	This Period	Cumulative
1. Homeless Persons Given Shelter Overnight:		
2. Beds Created in Overnight Shelter or Other Emergency Housing:		
Total:		

If the Activity is intended to prevent homelessness:

	This Period	Cumulative
1. Individuals receiving emergency financial assistance to prevent homelessness:		
2. Individuals receiving emergency legal assistance to prevent homelessness:		
Total:		

IX. Grantee Certification

The Grantee's Chief Elected Official certifies that:

1. To the best of his/her knowledge, the data in this report was true and correct as of the report date.
2. This report accurately represents expenditures under this grant project and that such disbursements have been made in accordance with the Grant Agreement.
3. The records described in 24 CFR Part 570 are being maintained and will be made available upon request.
4. I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Signature	
Typed name/title	
Date	